traditionalists? It is true that if non-therapeutic abortion became permissible there would be a big demand, which would pose many new and undesirable problems. But it would be quite wrong to use an uncertain ethical shield to protect ourselves against these.—I am, etc.,

London N.W.7. R. CAMPBELL PINE.

Anonymity in Broadcasting

SIR,—Disapprobation of the type of publicity accorded to certain members of the medical profession has recently been voiced in the editorial and correspondence columns of the national press. The *B.M.J.* is the appropriate medium through which the medical profession should make similar protest. As you kindly published a letter[1] from me on the subject of "Anonymity in Broadcasting" in which I said, "Perhaps humility and quiet dignity in the medical profession are things which future generations of medical students will have to read about in biographies," I trust you will permit me to comment further.

In 1951 the Representative Body of the B.M.A. resolved: "That practitioners approached to appear in such programmes, whether for sound or visual broadcasting, should insist on anonymity as part of the contract." In 1953 the Representative Body approved the Report of Council on "Indirect Methods of Advertising," from which I quote: "Unless a practitioner insists on anonymity he is not only offending against the ethical principles of the profession but is placing himself in danger of being accused of violating the *Warning Notice* of the G.M.C."

In the same year a combined conference between the B.M.A., under the chairmanship of the late Sir Guy (then Dr.) Dain, and the Press Association, under the leadership of Sir Linton Andrews, issued advice to journalists and hospital authorities on the question of publicity given to patients, be they dead or alive.

Sentiments expressed in these resolutions are still held as dearly today by the majority of the medical profession as they were in 1884, when Rickman Godlee was the first to remove a cerebral tumour, without a subsequent press conference.

We cannot expect purveyors of news to respect the time-honoured tradition of our profession. The pressure exerted by the B.B.C., I.T.V., and the national press must indeed be difficult to resist by those subjected to it, especially if the motive for publicity, as a learned professor of medicine confessed in his own case, is "fun and fame." By the nature of things publicity is most likely to be accorded to the leaders of medicine and surgery or to those whose efforts are most dramatic. Are we lesser mortals to emulate or not? That it is possible to resist the strident overtures of journalists and to avoid any heraldic fanfaronade on the wireless was shown by the commendable reticence of the Cambridge liver transplant team. Extremes of nauseating publicity are happily rare, but scores of other doctors are content and probably pleased to have their names quoted in Sunday papers, and we are not infrequently presented with the absurd combination on the wireless of two doctors, one named and the other anonymous.

Pious resolutions on the subject by the B.M.A. are patently ineffective. The main purpose of this letter is to ask if we may ever expect the General Medical Council, some of whose members may be presumed to read the papers, to deliberate or act. Medical ethics are surely not limited to sober driving and impeccable conduct in the presence of patients. They extend to the steps of the hospital. In the interests of all of us someone should remind others of us that it is better to earn lifelong respect and adulation of colleagues than achieve ephemeral notoriety in the eyes of a sensation-lapping and morbidly curious public.

Is it too much to hope that former standards of decorum might yet return to medicine and that never again will we see a professor of surgery, albeit foreign, give a press conference on someone else's patient?—I am, etc.,

Royal Hospital, Wolverhampton. ARTHUR S. WIGFIELD.

REFERENCE

[1] Wigfield, A. S., *Brit. med. J. Suppl.*, 1955, 2, 6.

Forces Appointments

SIR,—It is interesting that in the *B.M.J.*, in the H.M. Forces column, the Royal Air Force put in their appointments, which I am sure are of interest to serving and retired officers who do not see the appointment lists.

I should have thought the Royal Navy should have led the way in this matter, but on writing to the *Royal Naval Medical Journal* I was told that "staff difficulties" did not permit this.

In these days of tri-service association surely it is possible for the three Services to get together and publish an appointment list for their officers.—I am, etc.,

Bedford. DESMOND J. O'DONOGHUE.

Return to Work

SIR,—Postoperative patients attending their general practitioners for sick notes are frequently under the impression that they are necessarily unfit for work until after their follow-up appointment at the hospital outpatients, which may be anything up to two months ahead. Attempts to persuade suitable cases to return to work earlier than this are apt to result in acrimonious disputes or even the loss of a patient. One often feels that these same patients would have been only too keen to return to work had they been self-employed.

The purpose of this letter is to suggest that if a ward doctor issuing a follow-up appointment was to indicate to the patient that he may be fit to work earlier than this a large number of man-hours would be saved at a time of national economic crisis. Where the consultant feels strongly that he would prefer the patient to rest until after he has been reviewed in outpatients this could be stated in the discharge letter to the patient's doctor.

Patients who feel quite fit for work but who are determined to find some excuse for persuading their general practitioner to continue issuing certificates would be more reluctant to use distant follow-up appointments as an excuse if they had been previously warned in hospital that they do not automatically remain unfit until seen at outpatients in two months' time.—I am, etc.,

London S.W.2. E. RODITI.

Payment for Service

SIR,—Having been away on holiday, I read only now Mrs. Patricia Norton's Personal View (18 May, p. 426). She poses a question in the first sentence: ". . . I have been wondering why so many doctors want their patients to pay a fee," and devotes the whole two columns to failing to find an answer. But the answer was discovered by Dr. Albert Schweitzer 55 years ago and has been available for all to read in German for 37 years[1] and in English since 1933. I read *My Life and Thought* in a paper-back published by Guild Books in 1956. Not to be accused of distorting the truth by omission, permit me to quote two whole paragraphs from page 128:

"So far as the rule could be carried out, I used to exact from my native patients some tangible evidence of their gratitude for the help they had received. Again and again I used to remind them that they enjoyed the blessing of the hospital because so many people in Europe had made sacrifices to provide it; it was, therefore, now on their part a duty to give all the help they could to keep it going. Thus I gradually got it established as a custom that in return for the medicines given I received gifts of money, bananas, poultry, or eggs. What thus came in was, of course, far below the value of what had been received, but it was a contribution to the upkeep of the hospital. With the bananas I could feed the sick whose provisions had given out, and with the money I could buy rice, if the supply of bananas failed. I also thought that the natives would value the hospital more if they had to contribute to its maintenance themselves according to their ability, than if they simply got everything for nothing. In this opinion about the educational value of exaction of a gift I have been only strengthened by later experience. Of course no gift was exacted from the very poor and the old—and among the primitives age always connotes poverty.

"The real savages among them had a quite different conception of a present. When on the point of leaving the hospital cured, they used to demand one from me, because I had now become their friend."

As the British National Health Service is not a charity, the first part of the argument does not apply in this country. But this does not invalidate the second part, that people do not appreciate what they receive for nothing. I am sure that every single general practitioner has experienced this repeatedly over the last 20 years, and this is the reason why Harley Street still flourishes, as people have the urge to pay to feel they receive something worth while. It has been stated repeatedly in your columns during the last 20 years that if only patients could get their drugs free, they would willingly pay their family doctors, but the high cost of modern medicaments makes this practice too expensive. It is important to note that Dr. Schweitzer wrote his autobiography after